

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586,671

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2		2		/		
3	0		/			
4	0		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		/			
18	/		/			
19	/		/			
20	2		2			
21	0		2			
22	2		/			
23	2		/			
24	/		/			
25	/		/			
26	/		/			
27	3		/			
28	3		/			
29	3		1			
30	0		/			
31	0		/			
32	0		/			
33	0		/			
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48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	13	←	34	←		
TOTAL CLAIMS	46		37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						